

2008 Nonresident Withholding Allocation Worksheet**587****Part I Withholding Agent**

Withholding agent's name

Address (including number and street, PO Box, or PMB no.)

Apt. no./Ste. no.

City

State

ZIP Code

Part II Nonresident Vendor/Payee (Complete Part II through Part V and return this form to the above withholding agent)

Vendor/payee's name

Owner's full name if sole proprietor

Address (including number and street, PO Box, or PMB no.)

Apt. no./Ste. no.

City

State

ZIP Code

☐ SSN or ITIN ☐ CA Corp. no. ☐ FEIN

Secretary of State (SOS) file no.

Daytime telephone number

Nonresident Vendor/Payee's Entity Type: (Check one)

☐ Individual/Sole Proprietor☐ Corporation☐ Partnership☐ Limited Liability Company (LLC)☐ Estate or Trust☐ Tax-Exempt (withholding not required, skip to Part V)**Part III Payment Type**

Nonresident Vendor/Payee: (Check one)

☐ Performs services totally outside California (no withholding required, skip to Part V)☐ Provides only goods or materials (no withholding required, skip to Part V)☐ Provides goods and services in California (see allocation in Part IV)☐ Provides services within and outside California (see allocation in Part IV)☐ Other (Describe) _____

If the vendor/payee performs all the services within California, withholding is required on the entire payment for services unless the vendor/payee is granted a withholding waiver from the Franchise Tax Board. For more information, get FTB Pub. 1017, Nonresident Withholding Guidelines.

Part IV Income Allocation

Gross payments expected from the above withholding agent during the calendar year for:

(a) Within California

(b) Outside California

(c) Total Payments

1 Goods and Services:

Goods/materials (no withholding required) _____

Services (withholding required) _____

2 Rents on commercial or business property _____**3 Royalties on natural resources** _____**4 Prizes and other winnings** _____**5 Other payments** _____**6 Total payments subject to withholding.**

Add column (a), line 1 through line 5 _____

Withholding threshold amount: _____ \$1,500.00

If the amount on line 6 is \$1,500 or less, no withholding is required. If the amount on line 6 is greater than \$1,500, withholding is required on the entire amount at the rate of seven percent. If the FTB grants the withholding waiver, attach a copy of the FTB determination letter. See General Information E, Waivers.

Part V Certification Of Vendor/Payee

Under penalties of perjury, I certify that the information provided on this document is true and correct. If the reported facts change, I will promptly inform the withholding agent.

Authorized representative's signature

Title

()
Daytime telephone number

Vendor/Payee's signature

Date

()
Daytime telephone number